

Patient Check-in Quiz

-How would you describe your pets' attitude? _____

-Have you seen your pets' urination/bowel movements recently? _____

-Do you have any concerns about your pets' bathroom habits? _____

-Is your pet both indoor/outdoor or indoor/outdoor only? _____

-How would you describe your pets' appetite? _____

-What brand and type of food do you feed? (example: CORE brand dry food, turkey flavor)

-Do you offer any treats or human food? If so, what do you offer? _____

-Do you use any flea prevention? _____ **What kind?** _____

-When was it last provided? _____

-Do you use any heartworm prevention? _____ **What kind?** _____

-When was it last provided? _____

-Do you give your pet any medication, supplements, or vitamins? If so, what and how much/how often? _____

-What is the purpose of your visit today? _____

-Is there anything additional you would like to discuss with the doctor today?